

Child Welfare Medicaid Managed Care Advisory Workgroup

**Department of Children and Family Services
100 W. Randolph St.
6th Floor Room 275
Chicago, IL**

and

**Department of Children and Family Services
406 E. Monroe St.
7th Floor Conference Room
Springfield, IL**

and

Via WebEx

Date: December 10, 2019

Time: 2:00p.m.

MINUTES

MEMBERS PRESENT (in person)	MEMBERS PRESENT (via phone)	MEMBERS ABSENT
Kristine Herman	Dr. Michael Naylor	Anika Todd
Jamie Dornfeld for Debra Dyer-Webster	Lia Daniels for Helena Lefkow	Julie Hamos
Raul Garza	Ruth Jajko	Gregory Cox
Deb McCarrel	Nacole Milbrook	Kara Teeple
Lauren Tomko	Carol Sheley	Theresa Eagleson
Tracy Johnson for Leslie Naamon	Ashley Deckert	Pam Winsel
Royce Kirkpatrick	Trish Fox	April Curtis
		Brenda Cazares
		Kathleen Bush
		Laura Ray
		Desiree Silva
		Leyda Garcia-Greenawalt
		Karen Cook
		Daniel Cazares
		Rashad Saafir
		Josh Evans
		Dr. Marjorie Fujara
		Judge Ericka Sanders
		Howard Peters
		Dr. Peter Nierman

		Arrelda Hall
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Welcome and Call to Order

The meeting was called to order at 2:04p.m.

I. Introductions

Kristine opened the meeting. Roll call was completed for workgroup members.

II. Review of Minutes

The December 3 minutes were approved with amendments. There was a clarification made regarding posting of the enrollment letter on HFS' broker website. The letter will not be posted there.

III. Discussion: November 1 Soft Launch

The enrollment letter to former youth in care will be posted on agency websites and sent out this week. There will not be an additional letter sent out to teen parents.

Tracy Johnson (YouthCare) gave an update on the soft launch. Health care coordinators are currently doing outreach to complete health risk screenings (HRS). The HRS process is like going to a new doctor and giving your medical history. Health care coordinators are learning about youth needs to find out the services they have in place now and hopefully fill any gaps.

Since November 1, 13,239 outreach calls have been made to authorized contacts. YouthCare staff have since been able to complete 2,768 HRS.

YouthCare is connecting with Debra Dyer-Webster and DCFS to look at a new approach for those youth they have had difficulty reaching. The group is putting together a triage team – the eight liaisons stationed at DCFS offices will be repurposed along with some DCFS staff to find a better way to connect with those youth.

This week YouthCare presented at the Community Behavioral Health Association (CBHA) conference. DCFS regional and foster parent meetings are scheduled. This week staff are working on questions from workgroup members and responses to the ACLU and Office of the Public Guardian (OPG). There is a meeting with both tomorrow to answer questions and provide as much information as possible.

YouthCare staff have been asked if they can publish the provider network. That is not possible as it is over 400 pages long. There is a spreadsheet, but it takes manipulation to get the information. Business cards have been printed so people can find out if someone is in network.

As of November 21, data was pulled to gather information for the ACLU and OPG relative to counties per provider. Today, YouthCare received final contracts from BJC HealthCare (St. Louis), Washington University (St. Louis) and St. Louis Children's.

YouthCare is also addressing and looking at gaps by region – how many hospitals, how many PCPs, behavioral health providers, specialty physicians (allergist, ENT, etc), dentists/orthodontists/oral surgeons/periodontists, psychiatrists by county, region. About 300 psychiatrists were included in the DCFS pay group with those who serve the general Medicaid population; YouthCare has almost

800. The issue is that a lot are associated with facilities, so not everyone can go see them for an outpatient appointment.

Q: Do you know, out of the 800 psychiatrists identified, who serve children and adolescents vs adult patients?

A: Psychiatrists are broken out by child and adolescent vs adult – YouthCare has the total and is working on breaking down those who actually see people outpatient, then by child and adolescent vs adult for the population ages 18-21.

Public Q:

Q: Are you still working on the 3,737 priority children and youth identified? So the number seen thus far is about 75% of that?

A: Yes, YouthCare is still working based off of the priority populations.

Q: How many children/youth have been stratified into high or moderate levels to trigger a comprehensive assessment and care plan?

A: We know how many comprehensive assessments and care plans have been done but we are not sure if that number is just for the priority populations or includes others.

Q: Can providers get a list of unreachable people to assist in connecting YouthCare to youth and caregivers?

A: YouthCare is working with caseworkers etc. to help with outreach. Providers can send a list of those served that will be in YouthCare and YouthCare can take those lists and make sure the HRS for those children are done. DCFS is working on a list that shows which youth are connected to which providers so we can make sure the HRS get completed.

Q: Are the 3,737 in the priority group still 3,737? Has anyone been added to or taken out of that population since November 1 as individual needs have changed?

A: A static list was given to YouthCare in November and they have been working that list. Youth may have transitioned between priority categories since that time based on status. For example, YouthCare was given those in the hospital and those beyond medical necessity (BMN) at the time, so there may be some overlap there. If a child was newly admitted to the hospital, YouthCare will only know if a caseworker notifies them. YouthCare does not have a daily feed from psychiatric hospitals. However, YouthCare is still working from that priority list toward the full list of 17,000 youth in care.

Q: After February 1, when YouthCare is launched, will there be real-time ways for YouthCare to know when children are in the hospital BMN?

A: Yes. YouthCare will not start doing utilization management (UM) until we are paying claims, which is February 1. Once YouthCare is fully launched, we will get notifications from emergency rooms every day – real time data. The UM team and discharge planning team will work with health care coordinators and focus on services to support placement, etc. The soft launch is about identifying children, and learning about services in place or needed, not about the full managed care and range of supports that will be in place on February 1.

Q/statement: There seems to be a lot of process improvement that is happening along the way before getting to February 1. The alternative is that the 2,700 children who have had HRS would be sitting there without it if we had not started this soft launch.

A: Yes, the statement about process improvement is true. Every day YouthCare has been tweaking and revising something that is not working, strategizing and refining. We have appreciated this workgroup, because we have been able to get feedback about what is working and what needs further refinement. This is why we chose to do the soft launch.

IV. DCFS Appeal Process

Michelle Jackson reviewed the DCFS appeal process.

The Administrative Hearings Unit at DCFS handles all appeals for abuse/neglect findings, licensing matters (foster care, day care, etc.), any payment issues that agencies have (excess revenue for example), and service appeals. Service appeals are appeals of decisions made by DCFS or a provider agency related to child welfare services. If a decision is made, and someone disagrees or objects, someone (parent, child, guardian ad litem, relative, foster parent) appeals decisions regarding the family or child case. Applicable services are defined in the Children and Family Services Act/Rule 337 – placement, visitation, counseling, advocacy, homemaker, emergency caretaker, family planning, adoption, child protection, day care, and information/referral.

Appeal process: Rule provides 45 days from notice of decision to write an appeal letter. There is no special format for the letter – it can be emailed, handwritten, typed / mailed. Then, DCFS discerns the issue being appealed. The service recipient is not always given a written notice of decisions; they are sometimes oral, and individuals write in and say they want to appeal.

DCFS determines if there is an appealable issue introduced by a person who can appeal, identifies a date for the prehearing and a notice of rights. There is a fair hearing process that includes a prehearing and a telephonic status hearing, which is like a pretrial conference. The actual hearing is scheduled at that time. There can be multiple prehearings/status hearings.

Some hearings take multiple days. Hearings are usually in person, rarely on the telephone (there are special circumstances for this). Hearings may be held around the state at DCFS field offices. The DCFS Office of Legal Services represents DCFS. Appellants can be represented by attorneys or by a non-attorney person chosen to be their designated spokesperson or by themselves. The hearing explores the decision and what went into the decision-making, as well as whether the decision was in the best interest of the children. That is what the administrative law judge (ALJ) is looking for. There are 18 ALJs that handle these cases around the state. Generally, the burden of proof is on DCFS to prove by a preponderance of evidence that the decision made supports the safety and wellbeing of children. There is one instance where the burden is on the appellant – placement issues.

The appeal timeline is 90 days from start to finish – from the date the appeal is received to the final administrative decision, which includes the Director's letter. The recommendation of the ALJ and Director's letter, which states whether the Director agrees/accepts the ALJ decision make up the final administrative decision – this must be out the door in 90 days. That timeline can be extended due to continuances. The final administrative decision is appealable to circuit court for administrative review. When that happens, the Attorney General represents DCFS.

Certain matters are not appealable to DCFS – in event they are not, there is an “up front dismissal”. Orders go out saying that the issue is not appealable - for example, it may be untimely or premature (certain steps must occur before someone can appeal), the issue may not be

appealable, the person may have no standing to appeal, the issue is not a service issue, or the issue is only regarding the medical assistance program under Title 19 of the Social Security Act. A circuit court order issued in juvenile court is not appealable through this process.

For medical issues – with YouthCare, the AHU will add to the order additional information that guides the person to the steps to file a grievance or request a fair hearing depending on what stage the issue is in. These issues are rare now but may happen beginning February 1.

Sherry at YouthCare spoke about YouthCare appeals and grievances.

Appeals are denials for services, or the denial of a claim. They must be appealed within 60 days of the date of the denial letter that goes to the member. Once received (mail, fax, email, call center), the intake area triages it to be sure it is appealable (timely, proper parties, etc). Once that is done, the issue is assigned to Grievance and Appeal coordinators, who will look at the case again and make a call to the appellant regarding what to expect, timeframes etc. The appellant will get an acknowledgment letter within two days of receipt.

The next step is an investigation. Medical records may be needed to determine medical necessity. The issue will be routed to the medical director for review. Once the decision comes back, a resolution letter will be developed for the member with information about whether the denial will be overturned or upheld, as well as info on how to appeal further. In the case of a Medicaid recipient, there is the option for a state fair hearing or external independent review (except for the waiver population, who goes to just the state fair hearing).

Leslie, HFS Bureau of Admin Hearings/state fair hearings process:

The first step in the process is when the managed care organization (MCO) reviews a claim and approves or denies. If denied, the MCO sends a notice to enrollee. The enrollee can first appeal to the MCO; this is called a first level appeal, and it goes through the process previously described. Either the denial upheld or overturned. If the denial is upheld, it opens the door for a state fair hearing.

Jurisdiction covers pharmacy, dental, and other items/services that do not fall into those categories – MRI, durable medical equipment).

Some common terms are used interchangeably – state fair hearing and administrative hearing, hearing officer/Administrative Law Judge. We should refer to these as state fair hearings so people are clear what stage of the appeals process they are in.

Grievance vs appeal: Grievances are things other than denial of services (for example, a rude provider). Grievances do not trigger state fair hearing process rights. It is important when HFS receives a state fair hearing request that it fits.

Due process is the basis of the administrative appeals process. Notices sent by an MCO must be carefully drafted with precise language to protect due process. This includes why the service was denied, the basis, and the recipient's rights.

When a first level appeal is filed, the recipient gets a second notice of decision from the MCO, and the notice says they have the right to file for a state fair hearing. The recipient can file for a hearing – there is no format prescribed, and the request does not need to be formal. When a

person files for a state fair hearing, they need to include as much info as possible (what they received from the MCO, correct contact information) so the unit can help them get to right place.

First it will be determined if the request was made to the right agency (HFS vs DHS). DHS handles mental health and substance abuse services through the Divisions of Mental Health and Substance Use Prevention and Recovery. HFS just handles dental, etc.

The unit will triage, determine jurisdiction, contact the MCO directly to verify that the notice of denial was issued and first level appeal is complete, then immediately register the request. HFS has a case management system called IES – this is why information received from the enrollee is so important; it determines the notices the enrollee will receive.

After registration the enrollee receives an acknowledgment letter, then goes into a queue for scheduling an administrative. HFS schedules hearings 30 days in advance to allow time for notices to go out. Once the hearing is scheduled, a scheduling letter goes out – it contains lots of information (in Spanish/English) including the hearing date/time and how to reschedule. Until the hearing, the recipient can call and ask questions about the process (not the merits of the case). The MCO provides a packet with all their info about the determination on their end. The judge collects information from the recipient and the MCO. Then the hearing happens, via phone. Hearings are recorded. Parties are sworn in, and testimony is presented. The recipient can present whatever, bring witnesses etc. The MCO will also come in usually with the medical director and explain the decision. The ALJ is able to ask clarifying questions to the MCO, recipient and/or their representative, witnesses etc. The purpose is to have a full record containing the facts.

Withdrawals of requests happen often, because prior to the hearing, the MCO may change its own decision, maybe due to receiving more info from the recipient. Or the appellant or doctor provided more information that leads the MCO to approve the service. The hearing unit needs withdrawals on record. Parties can also request a continuance if they feel they are not ready – usually the first is granted.

After the hearing and the record closes, the ALJ has around 60 days to draft a final administrative decision. After that, the appellant can file an administrative review complaint challenging the determination.

V. Public Comment

Q: I am an adoptive parent who enrolled in the Meridian plan in November. I called the 877 number and was told that my children are no longer enrolled in any program.

A: Enrollments were taken off after the launch date was pushed back. HFS will verify this.

Comment: DCFS should consider putting a YouthCare staff member in the DCFS Advocacy office.

A: We will take this conversation offline.

Q: When will staff of YouthCare be housed in DCFS offices?

A: They are in eight locations currently. We will probably pull them out to join the special team with DCFS to help follow up, looking at caseworker emails, etc. to support outreach to complete HRS. If there is interest in meeting with those staff, let Tracy Johnson know.

Q: How long from when an enrollee receives a denial can a service be appealed?

A: Once YouthCare receives appeal, YouthCare will check the date of denial. Within 60 days of the denial, a determination will be made. The appeal process has a 15 business day turnaround time.

VIII. Adjournment

Tracy Johnson made a motion to adjourn, Dr. Naylor seconded. The motion passed. Meeting adjourned at 3:14p.m.

The next meeting will be held in early January 2020.

Next Meeting Date and Location: January 22, 2020 2:00p.m.-3:00p.m.

**Department of Healthcare and Family Services
401 S. Clinton
7th Floor Videoconference Room
Chicago, IL**

And

**201 S. Grand Ave.
3rd Floor Video Conference Room
Springfield, IL**